

## City of Gunnison Payroll Direct Deposit Authorization Form

I hereby authorize the CITY OF GUNNISON, hereinafter called CITY, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in effect until CITY has received written notification from me of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

Name	Email address		
Signature	Effective date of Authorization		
Financial Institution Name & Address			
Please check one of the following:			
( ) ADD – deposit to account: Routing Number Checking (attach	Account Number  voided check) or Savings (attach deposit slip*)		
( ) Change - make the following change to my	_		
Description			
( ) Cancel – Stop my participation in the progra	am		

\*\*\*PLEASE NOTE: Due to the time required for CITY and DEPOSITORY processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed. There may be an occasional circumstance when fund availability is delayed by a day or two. Plan Appropriately!!!\*\*\*

\*SAVINGS: VERIFY with your financial institution that the routing number on your deposit slip is the correct one for direct deposit purposes.\*